Foster Family Home - Corrective Action Report

Provider ID:

1-170076

Home Name:

Joyce Agustin, CNA

Review ID:

1-170076-2

94-510 Hiahia Loop

Reviewer:

David Ayling

Waipahu

HI 96797 Begin Date:

11/9/2018

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1)

Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 person CCFFH recertification review made on 11/9/18. Corrective Action Report issued during home visit with all items due to CTA by 12/9/18.

6.(d)(1) - see applicable sections of the review

Foster Family Home

Personnel and Staffing

[17-1454-41]

41.(b)(7)

Have a current tuberculosis clearance that meets department of health guidelines; and

41.(b)(8)

Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary

resuscitation, and basic first aid.

Comment:

41.(b)(7) - No current TB clearance for CG #5. Expired on 2/3/18.

41.(b)(8) - No Blood Borne Pathogen present for CG #3. CPR and First Aid done via the internet by CG #4.

Compliance Manager

Primary Care Giver

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11/9/2018 23:20 PM

Community Care Foster Family Home (CCFFH) Written Plan of Correction for Deficiencies Listed in Corrective Action Report Chapter 17-1454

CCFFH Name:

Joyce Agustin

CCFFH Address: 94-510 Hiahia Loop, Waipahu Hawaii 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41(b)(7) 41(b)(8)	I received a current TB clearance from CG #5 and placed it in my CTA binder. I received a current Blood borne pathogen certificate from CG #3 and a current CPR and First Aid certificate from CG #4. The certificate was from an approved non internet instructor.	1-09-19	I have written a list of the expiration dates for TB and blood borne pathogens for all Caregivers and placed in the front of my CTA binder. I will review the list every month. I will only accept CPR and First Aid certificates from approved sources.

Primary Caregiver's Signature:	Mu Daguela.			
Print Name: JOYCE I. AGUSTI	N Date of Signature:	01-	09-	19